

<i>SERFF Tracking Number:</i>	<i>UFFL-126242559</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Home Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43175</i>
<i>Company Tracking Number:</i>	<i>200-641</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>200-641</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: United Home Life Insurance Company

Product Name: 200-641

SERFF Tr Num: UFFL-126242559 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 43175

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: 200-641

State Status: Approved-Closed

Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Author: Karen Hynes

Reviewer(s): Linda Bird

Date Submitted: 08/10/2009

Disposition Date: 08/11/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed concurrently
with our state of domicile, Indiana.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/11/2009

Explanation for Other Group Market Type:

State Status Changed: 08/11/2009

Deemer Date:

Created By: Karen Hynes

Submitted By: Karen Hynes

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the form referenced below for your review and approval. The requested implementation date of the form included in this submission is the later of your approval or January 1, 2010.

Form 200-641 8-09 is a term to age 95 life insurance policy. Premiums are guaranteed and level to attained age sixty-five and are attained age (ART) premiums for attained age sixty-five and after. The policy is available for issue to ages 18-50. This policy will not be marketed with an illustration.

SERFF Tracking Number: UFFL-126242559 State: Arkansas
Filing Company: United Home Life Insurance Company State Tracking Number: 43175
Company Tracking Number: 200-641
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: 200-641
Project Name/Number: /

We hereby certify we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49 and this submission meets the provisionis of Rule 19.

We reserve the right to make any typographical corrections or make minor revisions to the appearance of the form due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me at 317-692-7465 or by email at Karen.Hynes@infarmbureau.com.

Company and Contact

Filing Contact Information

Karen Hynes, karen.hynes@infarmbureau.com
225 S East 317-692-7465 [Phone]
Indianapolis, IN 46202

Filing Company Information

United Home Life Insurance Company CoCode: 69922 State of Domicile: Indiana
225 S. East St. Group Code: Company Type: LAH
Indianapolis, IN 46202 Group Name: State ID Number:
(317) 692-7465 ext. [Phone] FEIN Number: 35-0841899

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR imposes a filing fee of \$50.00 per contract
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Home Life Insurance Company	\$50.00	08/10/2009	29750674

SERFF Tracking Number:	UFFL-126242559	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/11/2009	08/11/2009

SERFF Tracking Number: *UFFL-126242559*

State: *Arkansas*

Filing Company: *United Home Life Insurance Company*

State Tracking Number: *43175*

Company Tracking Number: *200-641*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.213 Specified Age or Duration -*

Fixed/Indeterminate Premium - Single Life

Product Name: *200-641*

Project Name/Number: */*

Disposition

Disposition Date: 08/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UFFL-126242559</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Home Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43175</i>
<i>Company Tracking Number:</i>	<i>200-641</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>200-641</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Graded Premium Term to Age 95		Yes

SERFF Tracking Number:	UFFL-126242559	State:	Arkansas
Filing Company:	United Home Life Insurance Company	State Tracking Number:	43175
Company Tracking Number:	200-641		
TOI:	L041 Individual Life - Term	Sub-TOI:	L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	200-641		
Project Name/Number:	/		

Form Schedule

Lead Form Number: 200-641 8-09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	200-641 8-09	Policy/Cont Graded Premium ract/Fratern Term to Age 95 al Certificate	Initial		52.600	200-641 8-09 - AR - Complete.pdf



UNITED HOME LIFE INSURANCE COMPANY

Post Office Box 7192
Indianapolis, Indiana 46207-7192
1-800-428-3001

Insured: [John Doe]
Policy Number: [1234567]

This Policy is a contract between you, the Owner, and Us, United Home Life Insurance Company.

It is important to Us that you are satisfied with your Policy and that it meets your insurance goals. We urge you to read it carefully. If you are not satisfied, you may mail or deliver this Policy to Us, the agent who sold the Policy or any other agent of our Company within 20 days (30 days in the case of replacement) of the date it was delivered to you. If you do, it will be deemed void from the beginning. We will send you a full refund of any premiums paid.

Signed at Our Home Office in Indianapolis, Indiana, on the Policy Date.

Lynn B. Jongleux
Secretary

Donald B. Villrock
President

GRADED PREMIUM TERM TO AGE 95

Life Insurance payable at death before age 95. See Policy Specifications for amount of insurance and premiums. This Policy has no Cash Values. This Policy is Nonparticipating - No Dividends.

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POLICY SPECIFICATIONS

POLICY DATE [09-30-2009]
EXPIRY DATE [09-30-2069]

As of [09-30-2009]

INSURED

[DOE, JOHN]

POLICY NUMBER [1234567]

FACE AMOUNT: [\$100,000]

INSURED'S SEX – [MALE]

AGE AT ISSUE – [35]

OWNER – SEE APPLICATION

SCHEDULE OF BENEFITS & PREMIUMS

FORM NO
200-641 8-09

BASIC PLAN
EXPRESS ISSUE TERM 65
[MALE NON – TOBACCO]

PREMIUM PAYABLE*
[\$450.00 30 YRS]

ADDITIONAL BENEFITS
[NONE]

PREMIUMS

MONTHLY EFT [\$41.85] QUARTERLY [\$121.50] SEMI-ANNUAL [\$238.50] ANNUAL [\$450.00]

*SEE PAGE 3B FOR TABLE OF PREMIUMS FOR ALL POLICY YEARS. INCLUDES [\$100.00] POLICY FEE.

Express Issue Term 65

TABLE OF ANNUAL PREMIUMS*

(PREMIUMS INCLUDE BASE POLICY AND, IF APPLICABLE, ALL RATINGS, RIDERS AND BENEFITS)

Policy Year	Annual Premium**	Policy Year	Annual Premium**
[1	[\$450.00	[31	[\$5,528.00
2	\$450.00	32	\$6,058.00
3	\$450.00	33	\$6,626.00
4	\$450.00	34	\$7,228.00
5	\$450.00	35	\$7,887.00
6	\$450.00	36	\$8,627.00
7	\$450.00	37	\$9,597.00
8	\$450.00	38	\$10,575.00
9	\$450.00	39	\$11,674.00
10	\$450.00	40	\$12,896.00
11	\$450.00	41	\$14,191.00
12	\$450.00	42	\$15,551.00
13	\$450.00	43	\$16,960.00
14	\$450.00	44	\$18,400.00
15	\$450.00	45	\$19,909.00
16	\$450.00	46	\$26,818.00
17	\$450.00	47	\$29,056.00
18	\$450.00	48	\$31,476.00
19	\$450.00	49	\$34,092.00
20	\$450.00	50	\$36,922.00
21	\$450.00	51	\$39,981.00
22	\$450.00	52	\$43,287.00
23	\$450.00	53	\$46,861.00
24	\$450.00	54	\$50,724.00
25	\$450.00	55	\$54,899.00
26	\$450.00	56	\$59,409.00
27	\$450.00	57	\$64,283.00
28	\$450.00	58	\$69,549.00
29	\$450.00	59	\$75,237.00
30]	\$450.00]	60]	\$82,900.00]

*ANNUAL PREMIUMS ARE SHOWN AS OF THE BEGINNING OF EACH POLICY YEAR.

**PREMIUMS ARE GUARANTEED AND NOT SUBJECT TO CHANGE.

DEFINITIONS

Owner:	The person named in the application as the Owner, or any successor or transferee of the Owner.
Contingent Owner:	The person named in the application as the Contingent Owner to which ownership of the Policy would fall if the Owner should die during the life of the Policy.
We, Us, Our:	United Home Life Insurance Company
Insured:	The person whose life is insured by this Policy as shown on the application.
Home Office:	United Home Life Insurance Company Post Office Box 7192 Indianapolis, Indiana 46207-7192
Beneficiary:	The person receiving the death Proceeds of this Policy. The one named in the application as Beneficiary unless later changed by the Owner or disqualified by law from receiving the Proceeds.
Proceeds:	The benefits payable as a result of death of the Insured.
Policy Date:	The date labeled as such in the Policy Specifications. All Policy Years and anniversaries are measured from the Policy Date.
Monthly Anniversary:	The day of each month that corresponds with the day of the Policy Date. This will be the last day of the current month if the day of the Policy Date is the 29th, 30th, or 31st, and the current month does not contain these days.
Policy Month:	Period from the day of the month the Policy Date fell on, to the day prior to the same day in the following month.
Policy Anniversary:	The date each year that corresponds with the Policy Date. The first Policy Anniversary is one year after the Policy Date.
Policy Year:	The period from the Policy Date to the first Policy Anniversary, or from one Policy Anniversary to the next.

THE CONTRACT

General - This Policy is issued in consideration of the application and the payment of the first premium. This Policy, including any riders, endorsements, amendments, the application, and any supplemental applications, are the entire contract. All statements in the application or supplemental applications, in the absence of fraud, are representations and not warranties. No statement will void this Policy or be used in defense of a claim unless:

- a. such statement is contained in the application or supplemental applications; and
- b. a copy of the application or supplemental applications is attached to this Policy at issue or made a part of this Policy when a change becomes effective.

Only Our President or Secretary may change or waive the terms of this Policy. Any changes or waivers must be in writing.

Incontestability - We will not contest this Policy, except for fraud, after it has been in force during the Insured's lifetime for two years from the Policy Date. In the event this Policy is reinstated, We will not contest information provided in the application for reinstatement after two years from the date of reinstatement. This does not apply to nonpayment of premiums, to any Waiver of Premium Rider, or to any rider added to this Policy after the Policy Date.

Misstatement of Age or Sex - If the Insured's age or sex is misstated, We will adjust the payments under this Policy. The Proceeds will be the amount the premiums paid would have purchased at the correct age and sex.

Suicide - If the Insured dies by suicide, whether sane or insane, within two years of the Policy Date, the Proceeds will equal the premiums paid.

Policy Settlement - All payments under this Policy are made from Our Home Office. We may require the return of the Policy.

Satisfactory proof of death must be sent to Our Home Office. We may require proof of the existence, identity, age, or other facts relating to any Beneficiary or Payee. Settlement will be within two (2) months of receipt of such proof. Interest will be paid on the Proceeds if the Proceeds are not paid within 30 days. Interest will be paid at the rate required by state law.

Any payment made in good faith will fulfill Our obligation to the extent of the payment.

OWNERSHIP, ASSIGNMENT AND BENEFICIARY PROVISIONS

Ownership - The Owner of this Policy is stated in the application. While the Insured is alive, the Owner may exercise all rights of this Policy without the consent of the Insured, any revocable Beneficiary or Contingent Owner.

Change of Ownership - As long as the Owner is not the Insured, a Contingent Owner may be named. If the Insured becomes the Owner of this Policy, any prior designation of a Contingent Owner shall be void.

While the Insured is living, the Owner of the Policy may be changed. Changing the Owner does not change the Beneficiary. Upon the death of the Owner the Contingent Owner becomes the Owner of the Policy. If there is no Contingent Owner, ownership will pass to the Owner's estate. Changes of ownership are subject to the rights of any Collateral Assignee.

Ownership change requests must be made in writing on a form satisfactory to Us. An ownership change request must be recorded by Us at Our Home Office. The change then will be effective as of the date the ownership change request was signed whether or not the Insured was living on the date of recording. The change will be subject to any payment made or other action taken by Us before We received the written ownership change request.

Collateral Assignment - The Owner may assign this Policy as collateral security. We are not responsible for the validity or effect of any assignment. The assignment must be made in writing on a form satisfactory to Us. The assignment must be recorded by Us at Our Home Office. The assignment will then be effective as of the date signed. The assignment is subject to any payment or action taken by Us before the assignment has been received at Our Home Office. The interest of any Beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. A collateral assignment is not a transfer of ownership. A Collateral Assignee is not an Owner.

Beneficiary - The Beneficiary designations in the application remain in effect until the Owner changes them. During the lifetime of the Insured, the Owner may change the Beneficiary designations by submitting the request in writing, on a form satisfactory to Us. Such a Beneficiary change must be recorded by Us at Our Home Office. The change will then be effective as of the date the change request was signed, whether or not the Insured is living as of the date of recording of the change. Any change is subject to any action or payment made by Us before recording.

The primary Beneficiaries will receive the Proceeds of the Policy when the Insured dies. If the primary Beneficiary is not living at the Insured's death any contingent Beneficiary, if living, will receive the Proceeds. If no Beneficiary is living when the Insured dies, the Proceeds will be paid to the Owner; if the Owner is not living, the Proceeds will be paid to the estate of the Insured. If any Beneficiary dies within 14 days after the Insured, but before due proof of death of the Insured has been received at the Home Office, the payment of the Proceeds shall be made as if such Beneficiary had died before the Insured. Unless otherwise specified, Beneficiaries will receive equal shares of the Proceeds.

PREMIUM PROVISIONS

Premium Payments - Each premium must be paid on or before the due date. The first premium is due on the Policy Date. Premiums may be paid annually, semiannually, quarterly or monthly. Premium due dates are computed from the Policy Date.

The premium amounts to be paid are shown in the Policy Specifications. The Owner may change the frequency of premium payments. The Owner may do this by providing Us with written notice and paying the exact premium amount for the new frequency, but only as of a premium due date at the new frequency.

Each premium is payable to Us at Our Home Office; or, the premium may be paid to an authorized agent in exchange for a receipt signed by Our President or Secretary and by the agent.

Grace Period - A grace period of 31 days without interest charge will be granted for the payment of each premium falling due after the first premium, during which grace period the Policy shall continue in force.

If the premium is not paid by the end of the grace period, this Policy will lapse without value.

If the Insured dies during the grace period, one-twelfth of an annual premium will be deducted from the Proceeds.

Reinstatement - This Policy may be put back in force within three years after it has lapsed. The Owner must send evidence satisfactory to Us of the Insured's insurability. All past due premiums must be paid, along with 6 percent interest compounded annually.

TERMINATION OF THE POLICY

This Policy will terminate on the earliest of:

- a. The final expiry date listed in the Policy Specifications;
- b. The end of the grace period; or
- c. The death of the Insured.

DEATH BENEFIT PROVISIONS

Death Benefit - The Proceeds payable on the Insured's death will be:

- a. the Face Amount; plus
- b. the amount of premium, if any, paid (but not waived under any attached Waiver of Premium rider) beyond the Policy Month in which the Insured dies; less
- c. one-twelfth the annual premium for this Policy if the Insured died during the grace period and the premium is unpaid.

Interest - If the claim is not paid within thirty (30) days of the Insured's death, interest, at the rate required by state law, will be paid from the date of the Insured's death until the Proceeds are paid either in one sum or under a settlement option.

Claim - Settlement shall be made upon receipt of due proof of death and the interest of the claimant not later than two (2) months after receipt by Us of acceptable proof of death.

PAYMENT OF PROCEEDS

Proceeds - The Proceeds of this Policy will be paid in one sum unless it is settled under one of the settlement options shown below. To use an option, the Proceeds must be at least \$5,000. The recipient of payments under an option will be referred to as the Payee.

Electing a Payment Option - While the Insured is living, the Owner may elect or change an option by filing with Our Home Office a written request on a form acceptable to Us. If no option is elected prior to the Insured's death, the Beneficiary shall choose the option. The option will not apply to any payments made prior to receiving the request. If the Owner chooses an option before the Insured dies, the option cannot be changed after the Insured's death. After payments have begun under Option 2, the option cannot be changed.

Option 1 - Income for a Fixed Period - We will make periodic payments in equal amounts for a fixed number of years. Table A shows the guaranteed monthly income for each \$1,000.00 of Proceeds. Payments are guaranteed for the number of years chosen.

Option 2 - Life Income with Fixed Period - The payments under this option must be payable to an individual in their own right. We will pay the periodic income for a fixed period, and for as long thereafter as the Payee lives. The fixed period may be ten (10) or twenty (20) years or any other period then being offered by Us. Payments will be in equal periodic amounts. The payment is based on the age and sex of the Payee. Table B shows the guaranteed monthly income for each \$1,000.00 of Proceeds.

Option 3 - Interest Income - We will hold the Proceeds as principal and will pay the interest periodically. The principal will be paid upon the Payee's written request or death.

Option 4 - Income of Fixed Amount - We will pay a periodic income of the amount chosen. The amount must be at least \$10.00 for each \$1,000.00 of the Proceeds and at least \$50.00 per periodic payment. We will pay for as long as the Proceeds and interest last.

Interest and Mortality Table - The rate of interest guaranteed under these optional payments is 1.50% per year. The optional payment rates are based on the Annuity 2000 Mortality Table.

Table A - Equal Period Payments for Fixed Period Per \$1,000.00 of Proceeds.

Years	Payment	Years	Payment
3	\$28.39	11	\$8.21
4	21.45	12	7.58
5	17.28	13	7.05
6	14.51	14	6.59
7	12.53	15	6.20
8	11.04	20	4.81
9	9.89	25	3.99
10	8.96	30	3.44

For other than monthly payments, multiply the monthly payment by the appropriate factor:

	Annual	Semiannual	Quarterly
Option 1	11.919	5.981	2.996

Table B - Monthly Life Income with Payments Guaranteed for Years Shown Per \$1,000.00 of Proceeds. (Based on Payee's age, nearest birthday, on due date of first payment.)

Male			Female	
10 Year	20 Year	Age	10 Year	20 Year
\$1.99	\$1.99	15	\$1.92	\$1.92
2.20	2.19	25	2.10	2.10
2.49	2.47	35	2.36	2.35
2.93	2.88	45	2.73	2.71
3.60	3.45	55	3.32	3.24
4.07	3.79	60	3.74	3.58
4.30	3.93	62	3.94	3.73
4.69	4.14	65	4.28	3.96
5.45	4.44	70	5.00	4.32
6.32	4.65	75	5.91	4.60
7.22	4.76	80	6.93	4.75

For other than monthly payments, multiply the monthly payment by the appropriate factor:

	Annual	Semiannual	Quarterly
Option 2	11.688	5.928	2.986

Supplementary Contract — If payments are made under an option, a supplementary contract will be issued. It will describe when and how payments are made, to whom the payments will be made, and how any remaining Proceeds are paid. The supplementary contract will be dated as of the Insured's death, if the Proceeds are death Proceeds; otherwise, it will be dated when the Proceeds become payable.

Payments will be made monthly unless quarterly, semiannual, or annual payments are chosen. If the payments would be less than \$50.00 each, they must be made on a less frequent basis.

The first payment under Option 1, 2, or 4 will be due on the date of the supplementary contract. The first payment under Option 3 will be due one (1) month after that date if payments are monthly, three (3) months if quarterly, six (6) months if semiannually, and twelve (12) months if annually.

We may increase payments under Option 1 or 2 by any additional interest as declared. Under Option 3, We may credit additional interest. Under Option 4, additional interest, if any, will be used to extend the number of payments.

After the date of the supplementary contract, the settlement cannot be changed or terminated before all payments, subject to its terms, have been made, except as: (a) otherwise stated in this provision; and (b) approved by Us at the time of election of the option and upon such terms as We deem necessary.

GRADED PREMIUM TERM TO AGE 95

Life Insurance payable at death before age 95. See Policy Specifications for amount of insurance and premiums. This Policy has no Cash Values. This Policy is Nonparticipating - No Dividends.

<i>SERFF Tracking Number:</i>	<i>UFFL-126242559</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Home Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43175</i>
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<i>Product Name:</i>	<i>200-641</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Readability - Signed.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:		
Form 200-641 8-09 will be issued with form 200-642A 8-09 (AR), Term Life Insurance Application, approved by your department July 24, 2009.		
Attachment:		
200-642 8-09 AR.pdf		



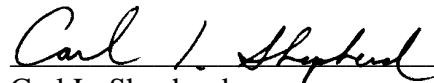
CERTIFICATION

I hereby certify the following score on the Flesch Reading Ease Test.

Form 200-641 8-09

Score 52.6

Date: 7/29/09



Carl L. Shepherd
Senior Vice President
United Home Life Insurance Company

Term Life Insurance Application

United Home Life Insurance Company • 225 S. East St. • P.O. Box 7192 • Indianapolis, IN 46207-7192 • 1-800-428-3001

1. Last Name		First Name		Middle Initial	Date of Birth (M-D-Y)	State of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	Height	Weight	Social Security Number		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, give immigration status/type of visa:</i>		
Street Address		City		State	Zip Code	Phone Number () - () - ()	

2. Employer/Occupation/Duties/How Long There

3.a. Primary Beneficiary Name		Relationship		Age	
3.b. Contingent Beneficiary Name		Relationship		Age	
4.a. Owner Name		Relationship		Social Security Number	
Owner Street Address		City		State	Zip Code
4.b. Contingent Owner Name		Relationship		Social Security Number	
5. Billing Street Address		City		State	Zip Code
Secondary Addressee (For Past Due Notice)	Name	Street		City	State Zip Code

6.a. Plan of Insurance ☐ Express Issue Term Deluxe 20

☐ Express Issue Term + ☐ Premier 20 ☐ Express Issue Term 30 ☐ Premier 30 ☐ Express Issue Term 65 ☐ Premier 65

6.b. Face Amount: \$ _____	6.c. <input type="checkbox"/> Accidental Death Benefit (not available with Premier 20, Premier 30 or Premier 65)	6.d. <input type="checkbox"/> Waiver of Premium (not available with EIT Deluxe 20, Premier 20, Premier 30, or Premier 65)
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6.e. Modal Premium: ☐ PAC ☐ Quarterly ☐ Semi-Annual ☐ Annual

Modal Premium Amount \$ _____

7. Will this insurance replace or change any other insurance policies or annuities? ☐ Yes ☐ No If "Yes," please complete any necessary replacement forms.

8. Has the proposed insured used nicotine in any form in the past 12 months? ☐ Yes ☐ No

9. Name and Address of Family Physician (Required) Family Physician Telephone Number (Required)
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SECTION I – EXPRESS ISSUE TERM DELUXE 20 – COMPLETE SECTION I ONLY

A. Do you currently receive kidney dialysis or require oxygen use or have you received or been told that you need an organ transplant or have you been diagnosed as having a terminal illness? (Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within twenty-four (24) months.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you require assistance to feed, bathe, dress or take your own medication or are you currently confined to a hospital, nursing home, mental facility, hospice, or require home health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever tested positive for the AIDS virus or been diagnosed or treated, or recommended for treatment for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or any other immune disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. In the past twelve (12) months:	
1. Other than for temporary or minor conditions, have you been hospitalized two or more times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Other than preventive, maintenance or risk lowering medications prescribed, have you been treated for or diagnosed with any cancer (other than Basal Cell skin cancer), heart attack, stroke, or had heart surgery (including angioplasty)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you used any illegal drugs, been treated for or advised to have treatment for drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. In the past 5 years:	
1. Have you been diagnosed or treated for, or are you currently under treatment for:	
a. Alzheimer's Disease or Dementia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any form of Cancer (other than Basal Cell skin cancer) or Brain Tumor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Other than preventive, maintenance or risk lowering medications prescribed, have you been diagnosed or treated for Heart or Circulatory Disorder (except controlled hypertension) or Stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Had surgery for any Heart Disorder (including angioplasty) or Circulatory Disorder (except varicose veins)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Sickle Cell Anemia or Kidney Disease (including dialysis) or Liver Disease (including hepatitis B & C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Lung Disease (except controlled, mild asthma not requiring any hospitalization in the past 2 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any question in Section I is answered "Yes", you are not eligible for any plan of insurance.

A. In the past 5 years:	
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If any question in Section II is answered "Yes", you are not eligible for any of the term plans in Section II. Submit the case as Express Issue Term Deluxe 20.

I declare that I have read and received a copy of the Fair Credit Reporting Act/MIB, Inc., Notice.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or MIB, Inc., or other organization, institution, or person, that has any records or knowledge of me or my dependents or our health, to give the United Home Life Insurance Company or its reinsurer(s) any such information. I understand that I am giving permission to release medical information which may include treatment of physical and/or emotional illness, communicable diseases, alcohol or drug abuse treatment and/or HIV, AIDS, or AIDS-related information.

A photographic copy of this authorization shall be as valid as the original. This release may be used for any legitimate insurance purpose for up to two (2) years from the date the contract is issued.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☐ I acknowledge receipt of the Terminal Illness Accelerated Benefit Disclosure Statement with a numerical illustration showing the effect of the accelerated benefit on the policy face amount. (This benefit is not available with the Express Issue Term Deluxe 20 plan.)

X _____ X _____
Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

☐ I certify that I have provided the proposed insured a copy of the Terminal Illness Accelerated Benefit Disclosure Statement and a numerical illustration.

Agent Code _____ Agent's E-Mail _____

Agent: Phone # _____ Fax# _____ License Identification Number () _____
State _____

Check or money order must accompany. All premium checks must be made payable to United Home Life Insurance Company. Do not make check or money order payable to the agent or leave the Payee blank. Include copy of voided check for bank draft.

AUTHORIZATION TO HONOR CHECKS DRAWN BY THE UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana

Please select **ONLY** one option, complete bank information and sign authorization below.

- ☐ Draft my account for the first premium (initial premium may be drafted upon receipt of this application). Please draft subsequent premiums on the _____ day of each month.
- ☐ Draft my account for the first premium on: _____ . All subsequent drafts will occur on this same day each month. *Month, Day*
- ☐ Do **NOT** draft my account for the first premium. The initial premium is attached, is being mailed or will be collected on delivery. Please draft subsequent premiums on the _____ day of each month.

I understand that my policy will not be effective until the date it is issued by the Company.

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

TO: _____ Bank _____ Bank Address _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries drawn on my account by and payable to the order of the United Home Life Insurance Company, Indianapolis, Indiana, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit entry shall be the same as if it were a debit entry drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit entry.

I further agree that if any such debit entry be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account No. _____ Date _____ Bank signature of Premium Payor _____

PLEASE DETACH AND GIVE TO APPLICANT

If you do not receive your Policy within 60 days from the date of your application, please write to UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192

UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana (Herein referred to as the Company)

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

I understand that my policy will not be effective until the date it is issued by the company.

RECEIPT

Received from _____ The sum of \$ _____

Being the 1st premium of _____ mode

Type of proposed insurance _____ Amount of proposed insurance \$ _____

This receipt shall be void if given for check or draft which is not honored on presentation.

Dated at _____ on _____
Month Day Year

Agent Signature _____

FAIR CREDIT REPORTING ACT/MIB, INC., NOTICE

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal FAIR CREDIT REPORTING ACT. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

IMPORTANT INFORMATION FOR VERIFYING IDENTIFICATION

To help fight the funding of terrorism and money-laundering activities, Federal law requires all financial institutions (including insurance companies) to obtain, verify and record information that identifies each person who engages in certain transactions. This means that when you apply for permanent life insurance or annuity products we will verify your name, residential address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or passport.

Terminal Illness Accelerated Benefit Disclosure Statement
(This benefit is not available with the Express Issue Term Deluxe 20 plan.)

Benefits paid under this benefit may be taxable. If so, the Owner or Beneficiary may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the impact of this benefit.

Description of Benefits - This Benefit provides you with the right to access the Death Benefit (discounted at interest for one year)* on the life of the Insured if the Insured is diagnosed with a life expectancy of twelve (12) months or less.

There is no additional premium charge for the Terminal Illness Accelerated Benefit Rider.

Effect on the Policy - When the accelerated benefit is paid, the policy terminates.

Example - This example is for illustration only, uses a \$100,000 policy and an interest rate of 7%.* **The amounts shown are not based on your specific policy.**

Accelerated Benefit Payment Amount equals the Death Benefit discounted at interest for one full year.

Death Benefit	\$100,000.00
Less 7%	<u>6,542.06</u>
Accelerated Benefit	\$ 93,457.94

*The interest rate used to discount this benefit is defined in Section A of your Terminal Illness Accelerated Benefit Rider.